



The Halifax Nova Scotia Down Syndrome Society [www. http://halifaxnsdss.ca](http://halifaxnsdss.ca)

Team Possibles / Kid Possibles / Friday Night Socials/ Family Camp / Play Group

Personal Information

Participant Name: _____

Gender:___ Date of Birth: d/m/y_____

Parent/Guardian Name (s):_____

Email Address: _____

() Home Phone: _____

() Work Phone: _____

() Cell Phone: _____

() Preferred method of contact:

Address: _____

OTHER Emergency Contacts:

Name: _____

Phone:_____ Work/Cell:_____

Name: _____

Phone:_____ Work/Cell:_____

Down Syndrome Related Information

Secondary diagnosis: _____

Please provide detailed information regarding the diagnosis that will help us work with the participant effectively:

Tertiary diagnosis: _____

Please provide detailed information regarding the diagnosis that will help us work with the participant effectively:

Medical Information

Food allergies: Yes or No (If yes, please explain:)

Please explain any medical conditions or health concerns and any special instructions:

Atlanto-Axila instability Screening: yes () no () Date: _____

Details/ Special instructions: _____

Speech, hearing and communication information Please explain any speech, hearing, communication and language needs, and any special instructions: ASL: y () n () Some ()

Flight Risk: y () n ()

Please explain any concerns, circumstances, observations and any special instructions:

OTHER Information/description:

Physical Information/description:

Height: inches _____

Weight: lbs./Kgs _____

Hair/ eye colour: _____

Attach current photo: